tification action was taken expeditiously as and when the malfunctioning deterioration in the performance of the link was observed. The link has been restored to its efficient performance level and is working satisfactorily since May, 1988 onwards. In addition to this, stand-by transmitters and receivers have been installed at the terminal building at Bombay airport, for use during the failure/deterioration of the link between Trombay and terminal building, Bombay airport.

Upgrading of Bombay and Delhi Airports

939. SHRI KRISHNA KUMAR BIRLA: Will the Minister of CIVIL AVIATION AND TOURISM be pleased to state:

(a) whether it is a fact that some-time in 1986 a proposal was mooted to upgrade the Bombay and Delhi airports; and

(b) if so, what are the reasons for delay in taking a decision on the proposal?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND TOURISM (SHRI SHIVRAJ PATIL): (a) and (b) The National Airports Authority has formulated a proposal for modernisation of Air Traffic Control Systems at Delhi and Bombay airports. The proposal involves huge investment of funds. The decision required to be taken in consultation with all concerned Ministries|Organisations|Agencies has to be after due consideration.

Intravenous fluid manufacturing unit at AIIMS

940. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the sophisticated unit for manufacturing life saving intravenous (IV) fluids in AIIMS has been lying idle for over a year and that daily requirement of over a thousand bottles of intravenous fluids are obtained from the open market at a high cost;

(b) if so, what are the reasons for the unit lying idle and for not making the equipment operational;

(c) what is the daily average expenditure on procuring the requirement from the market, stating the extent of shortage of the said fluids; and

(d) what steps have been taken to make the unit operational?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) This is not true. The Unit has been working and manufacturing Distilled water and saline and certain I. V. Fluids which are needed in the hospital from time to time and are not easily available in the market.

However, it is true that Glucose saline, the normal Saline for intraveneous injection, was not manufactured on this Unit for several months and these were obtained from the market but at rates cheaper than the cost of I.V. Fluids manufactured at AIIMS Unit. The Unit has started manufacturing these I.V. solutions now.

(b) The reason for not producing intravencus glucose and normal saline is that in the fluids produced during repeated trial runs, the sterlity of solutions did not conform to standards laid down by the Drugs Controller. This was due to the fact that sterilising machine provided for this purpose could not achieve the level of functional efficiency that was required for proper sterilisation of those fluids.

(c) The AIIMS Unit produces about 250—300 bottles per day and the daily shortfall is about 800-900 bottles per day. The daily expenditure on procurement of fluids is Rs. 7120/-

(d) The manufacturers of the sterilising machine and the Chief Technical Officer of the AIIMS Workshop are working on standardisation of the "Steriliser" in accordance with the standards laid-down for such purpose by the Drugs Controller. The results of recent trials have been upto the laid down standards and are satisfactory.